

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2						
3						
4	3		1			
5	3		1			
6	(1)		1			
7	(1)		1			
8	1					
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TOTAL 1D.			2			
TOTAL DEP.			5			
TOTAL CLAIMS			8			

51	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						